

Billing Guidelines

May 2009



*State of Wyoming
Department of Employment*

***Workers' Safety & Compensation Division
1510 East Pershing Boulevard
Cheyenne, WY 82002***

***Billing Address
PO Box 20070
Cheyenne, WY 82003-7001***

Web Site: <http://doe.wyo.gov/>

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Interactive Voice Response System

Wyoming Workers' Safety and Compensation Division developed an Interactive Voice Response System (IVR). This system is to give medical providers, employers, and injured workers the ability to retrieve billing and case information during business and non-business hours.

The application can be accessed by calling the following numbers:

Outside Cheyenne: **1-800-870-8883**

In Cheyenne: **777-7441**

Medical Providers are able to:

- Determine medical bill payment information
- Determine an injured worker's case status
- Look up their patient's workers' compensation case numbers

For security purposes, providers will need to have their Federal Tax ID Number and the Workers' Compensation provider BA number readily available in order to use the system. These numbers are always seen on the first line below your address on page 1 of the Provider Payment Statement.

Providers, Injured Workers, and Employers Resource System (PIERS)

The Division has a web site available to access similar information as stated above. Please take an opportunity to view the site and follow the instructions to log on. <http://doe.wyo.gov/> Click on the Workers' Safety and Compensation icon to view the link for *PIERS*.

Printable PDF Forms Now Available

Providers for Wyoming Workers' Safety and Compensation now have easy access to forms that are in a printable PDF format.

The following forms are available:

- ♦ **Request for Taxpayer Identification Number, ([Wolfs-109a](#))**
- ♦ **Change in Business Name, Address or EFT information, ([Wolfs-109b](#))**
- ♦ **Non-Medical Services, ([WSCD-6N](#))**
- ♦ **Pharmacy / Medical Supplies, ([WSCD-10](#))**

Go to the department's web site: <http://doe.wyo.gov/>
Click on the Provider Services, under the header of Workers' Safety and Compensation, then Billing Guidelines, Forms. Follow the instructions on how to complete the form. **Forms must be printed out and signed then mailed to the Division.**

**Wyoming Workers' Safety and Compensation Division
PO BOX 20070
Cheyenne, WY 82003-7001**

As always, you can request copies of these forms to be sent to you. Please refer to page 7 of these guidelines to order forms.

State of Wyoming
Department of Employment
Wyoming Workers' Safety & Compensation Division
Check List

This pamphlet has been compiled to assist vendors with information and billing requirements when providing services to Wyoming injured workers. ***The following information is **REQUIRED** to prevent delays and expedite payment of your claim.***

Please use this check list when preparing bills and refer to the Billing Guidelines that follow for more detailed information.

- ✓ ____ **Acceptable Billing Form (Page 8)**
- ✓ ____ **Billing Codes (Page 8)**
- ✓ ____ **Payee Information (Page 9)**
- ✓ ____ **Wyoming Case Number and Injured Worker Information (Page 9)**
- ✓ ____ **Supporting Documentation for Services Provided (Page 10)**
- ✓ ____ **Medical Treatment Plan (Primary treating physician) (Page 11)**
- ✓ ____ **Other Billing Information Required**
 - **Date(s) of Service (DOS), Beginning and Ending**
 - **Date of Injury**
 - **Injured Body Part (Include Left or Right)**
 - **Itemized, Detailed Billing Information**
 - **Time Measurement(s) of Service Provided**
 - **(If Applicable, in Minutes or Hours or Units)**

Submit All Bills For Payment
Consideration To:

Wyoming Workers' Safety and Compensation Division
PO BOX 20070
Cheyenne, WY 82003-7001

Billing Questions: (307) 777 - 5138

Ask for a Medical Claims Specialist

Regular Office Hours: 8:00 am to 5:00 pm

Monday through Friday

Office Closed: Saturdays, Sundays and Legal Holidays

WSCD Forms Supply Clerk: (307) 777 - 3546

★ (ONLY to request Wyoming billing forms)

- ◆ **WOLFS -109a:** Taxpayer ID number
- ◆ **WOLFS -109b:** Change in Demographics
- ◆ **WSCD-6N:** Claim for Non-Medical Services
- ◆ **WSCD-10:** Claim for Pharmacy/Medical Supplies

CMS FORMS:

- ★ WWW.CMS.hhs.gov
 - ◆ Click on "CMS Forms"

Billing Guidelines

1. Acceptable Billing Forms (samples attached)

- **CMS-1500** (medical, clinic services)
 - **UB-04 (CMS-1450)** (hospital, nursing home services)
 - **Universal Dental Claim** (same as used for private insurance)
 - **WSCD-6N**, Claim for Non-Medical Services
 - **WSCD-10**, Claim for Pharmacy/Medical Supplies
-
- ◆ **Submit one (1) original billing form in portrait format.**
 - Multiple copies are not required.
 - Bills submitted in a landscape format are discouraged and may result in delay in payment.
 - ◆ Print one (1) service item only per line on billing form.
 - ◆ Printer font should be **minimum of size 10** preferably bolded, to assure information is readable with our OCR software.
 - ◆ All bills submitted must be clean, legible, and printed in dark ink.
 - ◆ **CIRCLE or ASTERISK (*) IMPORTANT INFORMATION** with dark ink. **DO NOT** use HIGHLIGHTERS. (All highlighter colors turn black and unreadable when the bill is scanned onto the imaging system.)
 - ◆ Please check printer alignment. **DO NOT TYPE** or **PRINT** on the billing form lines. (Also turns black and not readable).

2. Billing Codes Required

- | | |
|----------------|---|
| ◆ ICD-9 | Diagnostic Codes |
| ◆ CPT | Current Procedure Terminology Codes |
| ◆ CDT-4 | Current Dental Terminology Codes |
| ◆ NDC | National Drug Codes |
| ◆ HCPCS | Health Care Common Procedure Coding Systems |

All medical fee bills must reflect the procedure code number (CPT) and the diagnostic code number (ICD-9) in order to receive payment consideration. ***Bills submitted without appropriate codes may be returned unpaid for proper coding.***

3. Provider / Payee Information Required

- ◆ Name
- ◆ Complete Mailing Address
- ◆ Phone Number
- ◆ Tax ID Number (TIN) or Social Security Number (SSN) **

**** NOTE:** To receive payment from the Division, the tax id number or social security number of the provider /payee **MUST** be registered with the State of Wyoming. Complete the "WOLFS-109a" form. (See pages 5 & 7 of these guidelines to obtain a copy). Send original sign form to:

Wyoming Workers' Safety and Compensation Division,
PO Box 20070,
Cheyenne, WY 82003-7001.

4. Injured Worker Information

◆ Wyoming Case Number Required

A unique case number is assigned to every injury incurred by a worker in Wyoming, when reported to the Division. This means some workers may have more than one case number and **it is important to use the correct case number when billing for services**. The injured worker has ten (10) business days to file the report of injury. Upon receipt of the injury report, the case number is assigned. The case number identifies the injury and until you are given the case number the injured worker is responsible for payment of services. ***It is the responsibility of the injured worker to provide you with the correct case number.***

Please print the nine digit case number in the specified location on the form:

Form

CMS-1500

UB-04 or CMS-1450

Dental Claim Form

WSCD-6N, and 10

Location

Box 1a or 11

Box 2, 37, or 62

Plan / Group #

Case #

♦ **Additional Injured Worker Information Required**

Summit the following information on all applicable forms as requested:

- Injured Worker's Full Name
- Complete Mailing Address
- Phone Number
- Date of Birth
- Social Security Number
- Date of Injury

5. Supporting Documentation For Services Required

Medical reports, office/soap notes, etc. need to be attached to the bill when submitted, to expedite the audit review and payment process. The law states,

“...any health care provider or hospital shall file *without charge* a written medical report with the division... The report shall state the nature of the injury, the diagnosis, prognosis and prescribed treatment. Any health care provider or hospital failing or refusing to file the report or transmit copies...shall forfeit any remuneration...” Wyoming Statute 27-14-501(a)

Medical reports or office notes should be typed on office letterhead or plain white 8 1/2" X 11" paper and attached to the bill. **Illegible hand written notes are not acceptable and will be returned without consideration for payment.** The report should include:

- ♦ Injured Worker Name
- ♦ Wyoming Case Number
- ♦ Date(s) of Service
- ♦ Name of Provider
- ♦ Provider's Signature
- ♦ Date of the Report
- ♦ Body Part Treated. Specifically state left or right in narrative, when applicable. - Example: fracture of right forearm.
- ♦ Medical Treatment Plan

If medical documentation is missing, **the Division may require additional documentation in order to complete the audit.**

The Division may request manufacturer invoices on certain items being billed. The Division will notify the provider if such invoice is needed. Examples of items that might need additional documentation for are: DME, implants, or stimulators.

6. Medical Treatment Plan

The Division requires a treatment plan to be documented and submitted each time the primary treating physician sees the injured worker, so the care and progress toward recovery can be monitored. A written plan of care includes:

- ◆ A Specific Diagnosis
- ◆ Assessment
- ◆ Treatment Modality(ies)
- ◆ Disability Time Frames
- ◆ Measurable Outcomes
- ◆ Time Frames (length of treatment)
- ◆ Plan of Action for Follow-Up

General Billing Information

Balance Forward Billing—Not Acceptable

Bill only for current dates of service. Previously billed but unpaid dates of service should not be included on the next bill submitted. **Bills submitted with improper dates may be returned for proper completion of the form.**

Billing Injured Worker Prohibited

Fees which exceed the fee schedule maximum allowable or portions of fees for injury related services or products rendered **shall not be billed to or collected from the injured worker.** Wyoming Statute 27-14-501(a)

Change Of Address, Business Name, EFT, Or Tax ID Number Notification

Changes in address, business name or Tax Identification Number, (TIN) must be Submitted a WOLFS-109a OR b form.

- [WOLFS 109a](#) Change in Tax ID
- [WOLFS 109b](#) Change in Business name, address or EFT
 - When using more than one address please identify addresses to be either correspondence or use for payment
- For a copy of these forms, refer to pages 5 & 7 of these guideline.
- Please send original form to:

**Wyoming Workers' Safety and Compensation Division
PO BOX 20070
Cheyenne, WY 82003-7001**

Correspondence From The Division

The Division may send a letter requesting additional information on a specific bill and ***if you do not respond, your bill will not be paid.*** These services cannot be billed to the injured worker, unless you have been informed the services are unrelated to the injury. Additional correspondence's from the Division may inform you on the status of a bill.

Filing Time Requirements

Bills for services rendered are required to be filed within 60 days of the date the services are rendered, **or payment maybe denied**. Wyoming Statute 27-14-501(d). Any bill submitted more than one year after the date services were rendered, **will be denied payment as a late file**, pursuant to the Workers' Compensation Act statute of limitations.

Multiple Page Billings—Not Acceptable

Services on the CMS-1500 form should be totaled at the bottom of each page. If multiple dates of service are being billed, **do not split** service dates for the same day onto the next CMS form. If the full day of charges will not fit on one CMS page, start a new form and total each page. Print only one service item per line using font size of 10 or larger.

Refunds for Duplicate or Overpayments

To assist the Division in adjusting an overpayment or duplicate payment, please identify the injured worker's name, case number, dates of service, the original amount billed and the amount being refunded.

- If the Division has sent a refund request letter, return a copy of the letter with your check.
- If you initiate the refund, please send a copy of the “*Provider Payment Statement*,” and briefly explain the reason for the refund, along with your check or the original Wyoming State check.

Unpaid Bill Inquiries

To find out the current status of a bill at any time, please use the INTERACTIVE VOICE RESPONSE SYSTEM or our WEB SITE. (Specific information on how to use these services is located on Page 4 of this booklet.) If your bill information is not in our system AND it has been 60 days since the date mailed to the Division, please send **a copy of the original bill** clearly marked “**TRACER**” or “**RESUBMIT**” to help us locate and process the outstanding bill. It is not necessary to send another copy of the related documentation at this time. Bills marked appropriately are routed for special review and handling.

Duplicate copies of previously submitted bills not marked “tracer” or “resubmit” will only slow the payment process down.

Wyoming Fee Schedule

All bills and fees submitted for payment will be reviewed and audited for relatedness, appropriateness and reasonableness in accordance with the adopted *Wyoming Workers' Compensation Act Rules, Regulations and Fee Schedules*. Wyoming Statute 27-14-401 (b) and Wyoming Statute 27-14-802(a) To view the current fee schedule: http://soswy.state.wy.us/rules/rule_search_main.asp, agency, Department of Employment, program, Workers Compensation Division, rule type, Current Rules/Regulations, Chapter 9.

Special Provider Information

Ambulance Services

Complete the CMS-1500 or UB-04 form to include HCPCS codes for services rendered. Number of loaded miles is required on the billing form. An Ambulance "Trip" report is required with the bill.

Attorney Fees & Costs

Complete [WSCD-6N](#) form. (See pages 5 & 7 of these guidelines to obtain a copy). Dates of service are required and the form must be completed in full. Itemize the charge for fees and costs separately. The attorney must sign and date the bill requesting payment. To expedite your payment, attach a copy of the signed and dated court order to the bill. Attorney fees will not be compensated until the Division receives a signed court order. **The court order is not a bill for payment.**

Chiropractic Treatment

Complete CMS-1500 form. Chiropractic therapy treatment given to injured workers must meet the criteria established by the *Chiropractic Therapy Utilization Guidelines For The Care & Treatment Of Injured Workers* as adopted under *Wyoming Workers' Compensation Act Rules, Regulations and Fee Schedules*. The Division **will not** reimburse for treatment that **does not** meet the established criteria. Registered Providers currently receiving payments from the Division will receive the latest updates of these guidelines. Contact the supply clerk if you wish to receive additional copies of this guideline. To view the guidelines on the web go to:
<http://doe.wyo.gov/ProductionDocuments/Chiropractic.pdf>

Court Reporter Services

Complete [WSCD-6N](#) form to expedite your payment (See pages 5 & 7 of these guidelines to obtain a copy). Indicate on the form if services were performed for a deposition or a hearing (name level, such as OAH). Itemize the following information: Date of hearing or deposition, fee charged per page, total number of pages, number of copies, appearance fees, transcription fees, name of party requesting the reporting services, and the name of party(s) or office receiving copies. Please also include the tax identification or social security number of the court reporter.

Dental Treatment

Bills will be accepted on any version of the Universal Dental Claim Form. (The form used to bill private insurance companies). Written narrative notes, a treatment plan and x-rays are required to be submitted with the bill for dental treatment. Please label x-rays with the injured worker's name, Wyoming case number, dentist's office name, address and phone number. The x-rays will be returned to you upon request. Current Dental Terminology (CDT-4) codes are required.

Funeral Services & Expenses

Charges for funeral services should be submitted on form [WSCD-6N](#). (See pages 5 & 7 of these guidelines to obtain a copy). The maximum allowable reimbursement amount for funeral services shall not exceed \$5,000 with an additional \$5,000 to cover other related expenses in accordance with Wyoming Statute 27-14-403(e)(ii). Please include the funeral's home tax identification on the form.

Hospital Bills

All in-patient and out-patient services will be audited in accordance with the adopted *Wyoming Workers' Compensation Act Rules, Regulations and Fee-Schedule*. The following documentation is required to be submitted with the bill (applicable for services):

| | |
|-----------------------------------|--|
| UB92 Billing Form | Itemization (detailed) of bill |
| CPT Codes (if applicable) | Diagnosis Codes (ICD-9) |
| History & Physical | Prognosis Report |
| Discharge Summary | Past Medical History |
| Emergency Room Report | Assessment Plan |
| X-Ray Reports | Laboratory of Medicine Report |
| Operation Report | Surgical Pathology Consultation Report |
| Pharmacy Profile Sheet | Anesthesia Record |
| Radiology Report | Pathology Report |
| Physical Examination | PT / OT Progress Notes |
| *Suppliers/Manufacturer's Invoice | |

Without this information a delay will occur as your bill will not be considered for payment.

***NOTE:** Supply / implant charge(s) deemed excessive may require a manufacturer's invoice. If the original invoice is not available, the most current invoice or a copy of your inventory control document identifying the item and specifying the unit cost will be acceptable.

Pharmaceutical Bills

The Division contracts pharmacy payment services through Healthsystems incorporation, (Hes). This vendor requires online bill summation of pharmaceutical charges. Please contact Hes at 800-758-5779 for additional information if not already enrolled. Charges submitted to the Division on paper, will be forwarded to Hes for review and there will be a reduction in reimbursement for processing paper bills. See below for the exemptions.

Durable Medical Equipment (DME) items need to be billed on either CMS-1500 or [WSCD-10](#) and mailed to the Division.

Services and supplies for compounding drug need to be sent to the Division and can be billed on CMS-1500 or [WSCD-10](#) form

(See pages 5 & 7 of these guidelines to obtain a copy of the [WSCD-10](#)).

Physical Therapy

Complete the CMS-1500 form. Physical therapy treatment given to injured workers must meet the criteria established by the *Physical Therapy Utilization Guidelines For The Care & Treatment Of Injured Workers* as adopted under *Wyoming Workers' Compensation Act Rules, Regulations and Fee Schedules*. The Division **will not** reimburse for treatment that **does not** meet the established criteria. Registered Providers currently receiving payments from the Division will receive the latest updates of these guidelines. Contact the supply clerk if you wish to receive additional copies of this guideline. To view the guidelines on the web go to:

<http://doe.wyo.gov/ProductionDocuments/Rehab%20therapy.pdf>

Psychologists And Psychiatrists

Complete the CMS-1500 form. Please be aware that some of the codes used by psychologists and psychiatrists are calculated by the time interval of minutes. Designate on the bill the number of minutes for services rendered to receive proper payment. Supporting documentation is required.

Surgery Center Bills

Complete the CMS-1500 or UB-04 form. Surgical centers will be paid accordingly to the *Wyoming Workers' Compensation Act Rules and Regulations, Fee-Schedule, Chapter 9*. To view the fee schedule on the web go to:

http://soswy.state.wy.us/rules/rule_search_main.asp, agency, Department of Employment, program, Workers Compensation Division, rule type, Current Rules/Regulations, Chapter 9.